## UNITED STATES DISTRICT COURT

Di	ISTRICT OF		
		APPEARANCE	
	Cas	se Number:	
To the Clerk of this court and all parties of record	:		
Enter my appearance as counsel in this cas	se for		
I certify that I am admitted to practice in t	his court.		
Dete		EY D. GORDEN	
Date	Signature		
	Print Name		Bar Number
	Address		
	City	State	Zip Code
	Phone Number		Fax Number